

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35520

FILED OCT 18 1943

Registration District No. 289

Primary Registration District No. 5982

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Reed Twp. (Rural) (Mooney)
(c) Name of hospital or institution:
5 miles N.E. of Pleasant Hope Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: 37 yrs
In this community 37 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Eva Lena Case

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife C.D. Case
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan. 23. 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 14 hr. min.

9. Birthplace Archer City Texas
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business House Work

12. Name George F. Miller

13. Birthplace Long Grove Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Mahell Kelly

15. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant G. D. Case

(b) Address Reed Twp. Missouri

17. (a) Burial (b) Date thereof Aug. 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Springs Cemetery

18. (a) Signature of funeral director Charles Brown

(b) Address Pleasant Hope Mo.

19. (a) Oct 14 1943 (b) E. Stelle Benton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Reed Twp. Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mile N.E. of Pleasant Hope
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from on Aug 6 1943 to Aug 6 1943
that I last saw him alive on Aug 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary of
all surrounding

Due to Structures 2 yrs

Due to 49a

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Carcinoma of
Of operations Ovary & surrounding

Of autopsy Structures
No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature G. D. Case (M. D. or other) MO
Address Buffalo Mo Date signed 10-13-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 18 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Richard B. Erwin

Licensed Embalmer No.

3092

P.O. Address

Belmar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.